

migrant health

M I G R A N T M I N I S T R Y

National Council of the Churches of Christ in the U. S. A.

DIVISION OF HOME MISSIONS
257 Fourth Avenue, New York 10, N. Y.

SUMMARY OF REPLIES

to

A QUESTIONNAIRE

on the

HEALTH OF MIGRATORY AGRICULTURAL FAMILIES

The Department of Health, Education,
and Welfare, Public Health Service, and
Children's Bureau, Washington, D. C.,
assisted in preparing this questionnaire
for use by national and seasonal staff
of the Migrant Ministry. The replies
used in this summary came from twenty-one
states.

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SUMMARY OF REPLIES TO THE HEALTH QUESTIONNAIRE, SUBMITTED BY THE STAFF
OF THE MIGRANT MINISTRY

1. WHAT KINDS OF HEALTH PROBLEMS DO MIGRANTS TALK ABOUT MOST OFTEN?

Most frequently mentioned as a serious problem was the difficulty of finding or maintaining sanitary conditions in living quarters. The following were repeatedly listed:

Bad housing

Flies, mosquitoes, lack of screening

Dirty beds and mattresses

Lack of blankets

No bedding; no changes of bedding, if provided

Unsanitary toilets

No hot water; no showers; no bathing facilities of any kind

Poor drinking water

Prevalence of filth and sickness in camp

"Muck sores"

Lack of space for isolation of the sick

Inability to keep clean

Infected bites; boils

Inadequate cooking facilities

One report tells of a camp with no water and no toilets on the premises.

Ill health of children next in importance, with diarrhea heading the list of sicknesses. Other problems included:

Sick babies

Skin diseases, especially impetigo

Worms

Pregnancy - often mentioned as a health problem

Some of the health problems talked about by migrants seemed directly connected with the job:

Poisoning from fruit sprays and weeds in picking areas

Overwork; fatigue

Cuts and bruises

Torn ligaments, wrenched backs

Colds and backaches - mentioned very often

Pains in legs

Back strain

Other health problems included:

Chronic ailments

Flu

Burns

Abdominal pains

"Stomach trouble"

Dental problems)
VD) both very frequently mentioned

Infected sores

T B

Headaches - mentioned very often

High and low blood pressure

Arthritis

Tonsillitis

Ear trouble

"Nervousness"

"Inability to leave the bottle alone"

The following anxieties were often expressed:

How to get a doctor

How to get help "if I'm broke"

The lack of interest of the crew leader when medical care was needed

With the Spanish-speaking, "no one seems to understand when we are *sick* and can't work"

Note: The Puerto Ricans under contract and the BWI's have been well screened and by and large their health problems are minor.

2. TO WHOM DO THE MIGRANTS TURN FOR INFORMATION AND ADVICE?

Heading the list is the staff of the Migrant Ministry

Next come friends and relatives in camp

The crew leader is appealed to "if he is interested," as is the camp manager

Puerto Rican men sometimes appeal to the grower or the Labor Department representative

Far down on the list come:

The doctor "if he is willing"

The Public Health nurse

The clinic

Last of all come the druggist and the healer

3. WHAT HEALTH SERVICES DO YOU BELIEVE MIGRANTS NEED MOST?

The staff felt the greatest need was for simple, practical health education in:

Personal hygiene

Health habits

Preventive measures "to combat infection"

Sanitation

Diet

Prenatal and child care

Home nursing

Next came the need for clinics in the camps or in a central location accessible to a group of camps. Mobile health units - each with a doctor, a dentist, and a nurse - are urgently needed. These should provide:

Pre-natal and post-natal care

Baby and well-child clinics

V D shots

Inoculations

X-Rays

Dental care

Physical examinations for all ages

Staff members emphasized the need for a combination of medical services within geographical and financial reach. Repeatedly the reports mentioned the desirability of a low cost medical and hospitalization plan with education of the migrants as to its value and use.

Adequate housing and sanitation, with regular inspections and enforceable standards came next on the list. Refrigeration, the use of insect sprays, and garbage disposal were urged as health measures.

Other comments in the reports brought out a variety of problems in connection with health services. These included the need for:

More effective referrals by clinics for hospitalization

Doctors and nurses who are willing to help and who will take time really to give understandable advice

Spanish-speaking doctors and nurses

Interpretation to migrants of the kinds of help they can expect from doctors

Access to hospitals, especially in cases of accident

4. WHAT ARE THEIR CHIEF PROBLEMS IN GETTING SERVICES?

By far the greatest problems in getting services were:

Lack of money

Ignorance of where or how to get help

Lack of transportation to go to doctors, clinics, or hospitals

Other obstacles were:

Lack of "time off" to visit clinics and doctors during office hours

The language barrier

Lack of residence

Lack of concern by authorities because of the migrants' short stay in the area

Racial and economic prejudices of the community

Fear of the doctor, of operations, of the County Hospital

Lack of acceptance at the County Hospital

Reluctance to ask for service for fear of rejection

Under-staffed Health Departments

Limited numbers cared for at the clinic

Ignorance and uncertainty - so postponement of seeking help until emergency

The following comments from reports may be revealing:

"The hospital closest to them will not accept them."

"Most crew leaders are impatient with those unable to work"- so transportation is difficult to get

"Sometimes the farmers don't believe they are really sick."

"They are usually known not to have money, so the service is poor."

"The local doctors do not receive them cordially."

5. WHAT DID THE MIGRANTS YOU WORKED WITH USUALLY DO WHEN THEY GOT SICK OR HURT?

Reports show that the vast majority turned to the Migrant Ministry, while some went to the growers or camp manager for help. Few turned to their crew leaders.

Unless the illness or accident was very serious, migrants kept on working or stayed in camp, doing nothing about medical care. Most of them used home remedies. When they "really felt bad," if they had any money, they tried to see a doctor but often this was done as a last resort. Some tried to get to a clinic or a hospital when there was an emergency.

In the case of the Puerto Ricans, those under contract were taken to doctors or hospitals. Some were sent home, some to hospitals and then home, while some were given work around the camp.

The following comments from reports may be helpful in understanding the situation:

"The migrants appeal to the Migrant Ministry unless they are cut or shot. Then the police take care of them."

"Unless wounds are very serious, they are covered with anything and left to heal."

"They go to a doctor if the problem is really serious. Otherwise they do nothing, or try to treat their own illness or accident."

"They suffer it out or ignore it, hoping it will pass."

"They make occasional visits to the clinic when they are near death."

6. WHAT PRECAUTIONS DID MIGRANTS USUALLY TAKE TO PREVENT SICKNESS?

The vast majority of reports said that the migrants did nothing to prevent sickness. Others said they took few, if any, precautions. Some of the migrants believed in shots, having had them, as well as X-Ray examinations, at their home base. Occasionally the children had shots in school.

Preventive measures included:

Patent medicines

Trying to avoid colds through wearing proper clothing and staying out of the fields when it rained

Trying to keep homes and children clean

Keeping children in the cabin if there were children's diseases in the camp

Washing insect spray off fruit before eating

Trying to eat regularly

Using mosquito netting over babies

Using sticky fly paper

7. WHAT SPECIAL WAYS, IF ANY, DID SOME HAVE FOR TAKING CARE OF THEIR HEALTH? (For example, use of witch doctor or other special practitioner, means of warding off the "evil eye," etc.)

Reports indicate that home remedies are used, "often with a strand of superstition running through them." Some migrants make their own home remedies, using herbs and oils. Some have a complete disdain for pills. They feel the only effective medicines are X-Rays or injections. Some hope that God will not allow them to get worse, yet they do not profess a deep faith nor seek common sense approaches to health.

Other special ways of taking care of their health included:

Belief in charms and roots

Putting an amulet - a coin, a pair of small claws, a snail, or a root around a newborn baby's neck to ward off evil spirits

Wearing metal discs to ward off poison ivy

Using chicken grease or drinking alcoholic beverages to prevent or cure the common cold

Wearing green leaves on the temples to cure headaches

Drinking kerosene before visiting the sick

Anointing themselves with turpentine to ward off illness

Going to a witch doctor, healer, or "spiritualist" and paying dearly for something to wear to ward off evil spirits

Going to a fortune teller to buy good luck

Using soot and cobwebs on cuts

When sick, refraining from washing and avoiding exposure to sun or air

Putting a small cloth bag on a tooth "to get rid of the ache"

"Dew poisoning," any infected wound, is caused, it is believed, by early morning dew getting into the wound

Belief that unrepented wickedness causes bad health

8. WHAT SUGGESTIONS DO YOU HAVE ABOUT THINGS MIGRANTS NEED TO LEARN ABOUT HEALTH AND HEALTH CARE? (These might include how to take care of home and surroundings as well as how to take care of family members.

The suggestions in the reports are legion, for as one staff member said, "Migrants need to learn everything." In general, these suggestions can be grouped according to the following teaching methods:

1. There is a tremendous need for simple, practical reading material in English and Spanish, with many realistic illustrations. This material should be so true to life that the migrants can identify with it and be convinced that they really can improve their surroundings and their health.

The subject matter would include instruction in such things as:

General health practices

Hygiene and sanitation in camp

Elimination of flies, lice, and bedbugs

Proper foods, their care without refrigeration, and their preparation with only inadequate facilities available

Improvement of living quarters when money is at a minimum

The values of trusting the doctor, having physical examinations, X-Rays, immunization, early medical care, and a doctor for childbirth

Fire prevention when kerosene stoves are used

Pre-natal, post-natal baby and child care

Care of the sick when the whole family lives in one room

Dental hygiene

Simple first aid

2. There is also a great need for realistic, short films and filmstrips, in English and Spanish, covering the same subject matter.
3. Plans should be made for small group discussions to be held in the camps.

The leader should be a nurse thoroughly acquainted with the conditions of migrant life.

These discussions should be geared to the migrants' own requests and should be followed, whenever possible, by workshops where the group can practice what has been taught.

Much of the subject matter will be similar to that suggested for the reading material and films, but the group may be interested also in such things as classes in good grooming, clean cabin contests, budgeting for low cost meals, special problems of family life, or what to do in emergencies.

Note: Since a study of the migrants' use of his leisure time shows that the majority listen regularly to radio programs, it is suggested that short "spots" on health be considered as part of the educational program.